

Patient Questionnaire

Please answer these questions about the information you would like to have about doctors, hospitals, and treatments.

PLEASE check the circle that applies to your choice.

1. Would you like to have the professional profiles of doctors available to you? (Profiles would include education, experience, years in practice).

Yes No Don't know

2. Would you like to have information on the different types of services that practices and hospitals offer?

Yes No Don't know

3. Would you like to know how your physicians and hospitals compare with other physicians and hospitals

- In your city? Yes No Don't know
- Your region? Yes No Don't know
- Your country? Yes No Don't know

4. Would you like information of the current guidelines for treatment of your condition?

Yes No Don't know

5. Would you like information on the current alternative treatments of your condition?

Yes No Don't know

Optional: (Please use the back of this page to answer these 2 questions)

6. What is your condition?

7. What information would you like to see about your physicians and hospitals?